



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
Bureau of Educational Standards  
P.O. Box 22001  
Albany, NY 12201-2001  
(518) 486-3803  
<https://dos.ny.gov>

## Appraiser Qualifying Course Approval Renewal Application

### PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

A non-refundable registration fee must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using a credit card authorization form. Do not send cash.

Annual registration period runs from October 1st to September 30th.

All instructors must be approved.

### Please indicate the type of course

☐ CLASSROOM    ☐ DISTANCE LEARNING (Asynchronous)    ☐ LIVE DISTANCE EDUCATION (Synchronous with Instructor)

### PLEASE CHECK THE COURSE(S) YOU WANT RENEWED. ALSO INDICATE COURSE CODE APPROVAL NUMBER ON LINE PROVIDED.

- ☐ RESIDENTIAL - \$250.00 -    R-5 \_\_\_\_\_ R-6 \_\_\_\_\_ R-7 \_\_\_\_\_ R-8 \_\_\_\_\_ R-9 \_\_\_\_\_  
R-10 \_\_\_\_\_ R-11 \_\_\_\_\_
- ☐ GENERAL - \$250.00 -    G-4 \_\_\_\_\_ G-5 \_\_\_\_\_ G-6 \_\_\_\_\_ G-7 \_\_\_\_\_ G-8 \_\_\_\_\_
- ☐ 15 HOUR NATIONAL USPAP - \$250.00 - \_\_\_\_\_
- ☐ STATISTICS, MODELING AND FINANCE (SMF) - \$25.00 - \_\_\_\_\_
- ☐ RESIDENTIAL ELECTIVE (RE -1) - \$25.00 - \_\_\_\_\_
- ☐ RESIDENTIAL ELECTIVE (RE -2) - \$25.00 - \_\_\_\_\_
- ☐ GENERAL ELECTIVE 1 - (GE - 1) - \$25.00 - \_\_\_\_\_
- ☐ GENERAL ELECTIVE 2 - (GE - 2) - \$25.00 - \_\_\_\_\_
- ☐ GENERAL ELECTIVE 3 - (GE - 3) - \$25.00 - \_\_\_\_\_
- ☐ SUPERVISORY APPRAISER/TRAINEE APPRAISER - \$25.00 - \_\_\_\_\_
- ☐ SECONDARY LOCATION 1 AND 2 - \$250.00 EACH FOR R-5, R-6, R-7, R-8, R-9, R-10, R-11, USPAP, G-4, G-5, G-7, G-8
- ☐ SECONDARY LOCATION 1 AND 2 - \$25.00 EACH FOR Statistics, Modeling and Finance, RE-1, RE-2, GE-1, GE-2, GE-3: Supervisory Appraiser/Trainee

Appraiser

SCHOOL NAME

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION)

CITY

STATE

ZIP+4

E-MAIL ADDRESS (IF ANY)

PRIMARY LOCATION (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

CLASSROOM COURSES ONLY SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

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## Appraiser Qualifying Course Approval Renewal Application

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1. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to study material or procedures for taking attendance?

☐ Yes\* ☐ No If Yes\*, attach explanation of change.

2. Has or will there be a change in any final examination?

☐ Yes\* ☐ No If Yes\*, attach the final examination, answer key, reference source and page and subject matter category.

3. Indicate names and signatures of persons authorized to sign course completion certificates. (Cannot be real estate appraiser.)

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PRINT NAME

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PRINT NAME

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SIGNATURE

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SIGNATURE

4. Do you intend to offer this course in a distance learning format?

☐ Yes\* ☐ No If Yes\*, attach copy of current IDECC approval.

**\*Approval of this course is based on IDECC approval. Failure to maintain IDECC approval will result in revocation of course approval.**

5. Do you intend to offer this course in a live distance education format?

☐ Yes\* ☐ No If Yes\*, attach a copy of current description of design and delivery format of course and of live proctored final examination.

I affirm that in accordance with standards set forth in regulation and federal guidelines, all National USPAP courses offered by my school will be taught by an instructor who has been certified as a "Certified USPAP instructor" by the Appraisal Qualifications Board of the Appraisal Foundation and who, in addition, is either a certified residential real estate appraiser or a certified general real estate appraiser.

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SIGNATURE OF COORDINATOR

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( )

BUSINESS PHONE NUMBER

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DATE

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E-MAIL ADDRESS (if any)

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FOR OFFICE USE ONLY EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ENTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_ LABEL [    ]

FEE RECEIVED: \_\_\_\_\_ TO REVENUE: \_\_\_\_/\_\_\_\_/\_\_\_\_ APPROVAL MAILED: \_\_\_\_/\_\_\_\_/\_\_\_\_ RECEIPT #: \_\_\_\_\_

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**A fee of \$20 fee will be charged for any check returned by a bank for insufficient funds.**